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FACSIMILE TRANSMITTAL SHEET

TO: Examiner (Jackie) Tan-Uyen T. Ho – Group Art Unit: 3731

FIRM/COMPANY: U.S. Patent and Trademark Office

FACSIMILE NUMBER: 703.872.9306

CONFIRMATION TELEPHONE: 703.308.0858 (Receptionist) or
703.306.3421 (Examiner)

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: March 24, 2004

USER NUMBER: 9070

FILE NUMBER: Docket No. R0375-00900 - Serial No.: 09/522,336

TOTAL # OF PAGES: 10
(INCLUDING COVERSHEET)

MESSAGE: Attached is an Amendment and Response the Office Action
mailed 12/04/2003 in connection with patent application
Serial No. 09/552,336, filed March 9, 2000.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Vonderwalde et al.*For: **STENT WITH COVER CONNECTORS**

Serial No.: 09/522,336

Filed: March 9, 2000

Atty. Docket No.: R0375-00900

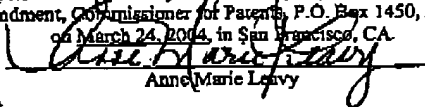
Examiner: U. T. Ho

Group Art Unit: 3731

TRANSMITTAL

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (703) 872-9306, addressed to Examiner Uyen T. Ho, at Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 24, 2004, in San Francisco, CA.


 Anne Marie Leavy

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Office Action Mailed 12/04/2003.

2. Claim Fee Calculation

☒ No additional claim fee is required.
☐ Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Excess	Rate	Fee
Independent Claims	2201	3 - 3 =	0 x	\$43=	\$ 0
Total Claims	2202	8 - 20 =	0 x	\$9=	\$ 0

Total Fees Due \$ -0-

3. Additional fees: Request for Extension of Time for one (1) month from March 4, 2004 to April 4, 2004 pursuant to 37 CFR §1.17(a)(1), (Fee Code 2251).....\$55.00
4. Payment of Fees

Enclosed is a check for the total fees due in the amount of ____.

☒ The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0375-00900.

By: 

Edward J. Lynch
 Registration No. 24,422

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